

**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
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1997 MAR -3 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE**  
\$ 203.75  
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address  
of Limited Liability Company **DOCUMENT #L94000000536**

PPYC FOUNDATION, LIMITED COMPANY  
3601 CAPE COLE BLVD.  
PUNTA GORDA FL 33955

1a. Principal Place of Business Address

3601 CAPE COLE BLVD.  
PUNTA GORDA FL 33955

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/07/1994	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		5. Date of Last Report	6. Certificate of Status Desired
				03/28/1996	<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

OAKS, DAVID K  
252 W MARION AVE  
PUNTA GORDA FL 33950

8. Name and Address of New Registered Agent

Name	000002104120--7 -03/04/97--01109--016 ***203.75 ***203.75
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
FL	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CLARK, WALLACE D	24203 SAVORY LN	PUNTA GORDA FL
MGRM	CLARK, CAROL M	24203 SAVORY LN	PUNTA GORDA FL
MGRM	CLARK, RONALD	1401 ISLAMORADA DR	PUNTA GORDA FL
MGRM	DENNIS, JOSEPH W	17493 CUIILLIGAN CT	PUNTA GORDA FL
MGRM	DILLON, GLEN W	3230-36C S SHORE DR	PUNTA GORDA FL
MGRM	DILLON, THELMA M	3230-36C S SHORE DR	PUNTA GORDA FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** Carol M. Clark *Carol M. Clark* 2/24/97 941-639-0733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #